



Corrections Division Academy Application

Questions – Email Corrections Registrar
coaregistrar@cjtc.state.wa.us

RETURN COMPLETED APPLICATION TO:

Washington State
Criminal Justice Training Commission
19010 First Ave South / Burien, WA 98148-2055
Fax: 206.835.7922

APPLICANT PRIORITY

If submitting more than one application for this course, indicate the priority of the applicant:

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NOTE: Space availability is limited.

1. REGISTRATION DATE: / /		ACADEMY NAME:		ACADEMY LOCATION:	
Session Number: Located on our website: www.cjtc.state.wa.us	COA 1000 -	COA EQUIV 1012 -	CORA 1001 -	CORT 1002 -	
	JCOA 1049 -	JRAA 1047 -	JSA 1035 -	CMAF 1417 -	
	MPCA 1052 -	Session Dates:	NOTE: If prior injury, COA, JCOA, and JRAA students must complete new Fitness Form.		
2. STUDENT INFORMATION					
Applicant's Social Security #: - -					
Applicant's Name: (Last, First MI)		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Job Title:	Hire Date in Current Position:
Home Phone: () -	Alternate Phone: () -	Emergency Contact Name:		Emergency Phone: () -	
Applicant's Home Address: (Street or PO Box, City, Street, Zip)					
3. EMPLOYER INFORMATION					
Name:			Phone: () -		
Student's Work Address: (Street or PO Box, City, Street, Zip)			Student's Email Address:		
Supervisor's Name:		Supervisor's Phone: () -		Supervisor's Email:	
4. MEALS AND LODGING ELIGIBILITY					
NOTE: If Applicant requires special accommodations, please make a request on a separate sheet and attach to this application.					
Lodging and meal service is provided to academy students that work in excess of 40 miles from the Training Commission. Applicant's agency address in miles is . Please check one of the following, as appropriate: <input type="checkbox"/> Applicant will require provision of lodging and meal service. <input type="checkbox"/> Applicant will not require either lodging or meal service.					
5. AUTHORIZATION (must be signed)			For Commission Use Only		
Agency Administrator / Title: Email: Training Manager / Title: Email:			Registered:		Comments:
			Accepted:		
			Cancelled:		
			Injury:		
			PAT Results:		
			<input type="checkbox"/> Passed <input type="checkbox"/> Failed		
			PAT Re-test Date:		
Authorizing Signature / Date: _____ / _____			<input type="checkbox"/> Passed <input type="checkbox"/> Failed		